



STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

Public Hearing Testimony
Committee on Children
March 9, 2021



To: Sen. Saud Anwar, Chair
Rep. Liz Linehan, Chair
Sen. Henri Martin, Ranking Member
Rep. Anne Dauphinais, Ranking Member
Distinguished Members of the Committee on Children

From: Vannessa Dorantes, Commissioner
Department of Children and Families

Re: Raised Senate Bill 2, An Act Concerning Social Equity and the Health, Safety and Education of Children

The Department of Children and Families (DCF) appreciates the General Assembly for bringing children's mental health to the forefront of this legislative session. As the state's lead agency on children's behavioral health, DCF has built a broad service array to provide care to children struggling with a wide range of mental health diagnoses and to help their parents navigate a complex and somewhat fragmented system of care. We have also worked to reduce the stigma associated with mental health treatment and believe that children and their families should feel as comfortable seeking this assistance as they do when needing medical care.

With that in mind, DCF supports the concept of additional mental health training, including suicide awareness and prevention training. We are in favor of providing information to families on how to access services in their communities. Additionally, we support Section 22 of the bill, which will allow the Department to conduct virtual child-parent visitation when public health emergencies are declared. This was facilitated by DCF, foster parents and service providers during the COVID-19 pandemic and was demonstrated to work, although in-person visitation remains the ideal.

However, DCF is opposed to the following sections of Senate Bill 2 as we believe they will be detrimental to the safety and well-being of children:

Section 23 requires DCF to develop a system for our child abuse and neglect hotline (Careline) to receive reports via text. Given the reporting requirements associated with making a referral of abuse or neglect, this is an impractical and inefficient solution. The Department requires significant information to determine if a referral meets acceptance criteria, a requirement that could not be met within the unstructured platform of a text message. The Careline utilizes a screening process by which a social worker asks a series of questions of the caller, including seeking demographic data to verify case participant information and to assess the Department's potential past involvement with a family. This is done to determine if the report meets the statutory criteria of child abuse or neglect in order to commence an investigation. In many instances, it would be exceedingly difficult for the social worker to determine whether the report should be accepted and investigated based on the content of a text message. Texting would not allow for the appropriate level of assessment and detail needed to ensure accurate information. The current screening process ensures that the correct reports are investigated while guarding against DCF becoming involved with families unnecessarily. If we were unable to properly screen, we would risk sending investigators to homes without sufficient knowledge of the situation or investigating families unnecessarily.

The Department continues to make progress toward an online referral portal, which would be accessible to mandated reporters through any mobile device and allow the reporting requirements to be met efficiently through technology. The Department's Online Referral Pilot for school employees, the Office of Early Childhood, birthing hospitals and family relations staff employed by the Judicial Branch has resulted in a streamlined, user-friendly means of reporting non-emergent incidents, and a much more efficient Careline, with wait times a fraction of what they were pre-pilot. We expect that the full Online Reporting Portal will be available within the next eighteen months and provide a solution that meets the intent of this bill and the needs of the Department, mandated reporters and the general public at large. We have also updated the Careline phone system which has led to further efficiencies and a reduction in wait times.

Section 24 requires DCF, when considering removing a child from his or her family home, to send written notice to the parent or guardian. It is important for the committee to know that unless there is immediate risk of harm for the child, DCF puts significant resources and supports in place to empower and assist the family and keep the child safely at home. Of the approximately 13,000 families that DCF contacts in a year, only 9% experience any type of child separation, and of those children that are separated, the primary goal is timely reunification. We are proud that our efforts resulted in the majority of children who were separated from their parents having returned to their homes with supportive services in place.

Further, we are concerned that the language in Section 24 is vague and the term "removal meeting" is overly broad. When it is believed that a child cannot remain safely at home, the Department conducts a "considered removal meeting" to establish a plan to address the safety factor(s) to prevent removal and give the parents options to mitigate the safety concerns. Due to the urgent nature of the considered removal meeting, DCF staff calls the parents or guardians to notify them of the meeting and encourages them to invite extended family members or other family supports. Attorneys for the parents or guardians and the child are also invited if participants are represented by counsel. Our efforts to divert removal through this process have been hugely successful. In CY 2020, 82.1% of the considered removal meetings were held pre-removal, resulting in children being diverted from DCF custody 73.3% of the time. If a considered removal meeting could not be held prior to removal, it was due to immediate danger requiring that child to be protected. However, the family is invited to a considered removal meeting after placement to determine if supports can be implemented to have the child returned home immediately. Written notice would delay this process and could cause the child to either remain in a harmful situation or to remain in care longer than necessary.

A vital component of the considered removal meeting is the participation of extended family or friends. Parents invite the family and friends they believe can support or assist them with overcoming the concerning safety factor(s) and also be assessed as possible kin placements for the child. We are proud that 45% of children removed from the parental home are placed with kin in Connecticut. DCF strives to have 70% of children in the Department's custody with kin. If this bill advances, we would like to work with the proponents to amend this section to comport with existing terminology and practice.

Section 45 establishes a task force to study the needs of children but does not include DCF as a member. We presume this is an oversight, as the Department should participate on any group that is exploring ways to improve the lives of children. In fact, as part of formulating the CT Prevention Plan under the Family First Prevention Services Act (FFPSA), we have engaged and continue to work with over 350 stakeholders across five subcommittees, town halls and focus groups. The state plan focuses on reducing child maltreatment, increasing prevention services, reinforcing kinship supports and strengthening the state's service array.

Additionally, several provisions of the bill would require unbudgeted funds for the Department to carry out. Section 1 requires *Question, Persuade and Refer* (QPR) training to be administered by the Youth Suicide Advisory Board in each district department of health. QPR training is not free, so either funds will need to be provided to the Youth Suicide Advisory Board to hold the trainings or municipalities will have to pay for them. Also, if DCF is expected to accept text notifications through our Careline, system modifications will need to be undertaken.

Lastly, several sections of the bill regard children's mental health screening and services. DCF works closely with partner state agencies to refer families to services and assist families in navigating the procedures of their private health insurers, Medicaid and other forms of public assistance. It is often stated that Connecticut has one of the best provider networks for children's mental health in the country. We ask the committee members to refer to the CT Children's Behavioral Health Plan, which includes several ideas to improve behavioral and mental health services for all children and their families, including those committed to DCF. Compiled by the CT Children's Behavioral Health Plan Implementation Advisory Board, the plan and related progress reports can be found here: [CT Children's Behavioral Health Plan](#).

Thank you very much for the opportunity to testify.